**FOR OFFICE USE ONLY:**

UID:

Date Processed:

REG:

Request for an Official IU Transcript

Please send this request to:

Indiana University South Bend Office of the Registrar

1700 Mishawaka Avenue PO Box 7111 South Bend, IN 46634-7111

Phone: (574) 520-4451

**Student’s Information:** (Please Print Clearly)

# Current Legal Name:

First Name Middle Initial Last Name

# Former Name(s):

**Current Address**:

Street

City State Zip Code

**Date of Birth**:  **E-Mail**:

# Home Phone: Work Phone: ID# or Last Four Digits of SS#:

**Campus Attended**: **Last Year Attended**: **Graduation Date**:

**Student’s Signature:**  Date:

Your official signature is required to complete this request.

# Special instructions per the Student:

**Total number of copies: /**

**Paper PDF**

# Transcript should be:

##  Mailed Immediately  Picked Up

 Held for Current Semester Grades  Held for Degree

***IU SOUTH BEND CANNOT FAX TRANSCRIPTS.***

**Mail transcript to:**

## Name: Address: City: State: Zip Code:

Check this box if you want to use the PDF (email) service. By checking this box, your transcript will be delivered as a secure PDF document. Once delivered, the PDF is only available for 90 days.

**Email transcript to:** Email:

Transcript requests for enrollment prior to Fall of 1965 are processed by the IU Bloomington Office of the Registrar.

<https://transcript.iu.edu>

transcripts@iu.edu

(812) 855-4500